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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

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TO: U.S. Patent and Trademark Office
Examiner: Hau H. Nguyen
Art Unit: 2674

DATE: May 22, 2003

FROM: Erin P. Madill
Voice: (213) 337-6793, Fax: (213) 337-6701
epmadill@hhlaw.com

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 11

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MESSAGE:

Patent Application No.: 09/669,354 Our Ref. 81751.0009
I hereby certify that the following documents:

☒ Response Under 37 CFR 1.111/ Amendment Transmittal Letter

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 for filing in the above-identified application.

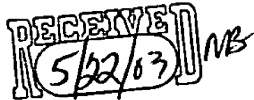May 22, 2003
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TELECOPY/FAX NUMBER: 703-872-9314 ART UNIT 2674

CLIENT NUMBER: 81751.0009

ATTORNEY BILLING NUMBER: 3606

CONFIRMATION NUMBER: 703-305-4104 (return fax to Diane Zynn)

LA - 81751/0009 - 165354 v1

FORM PTO-1083

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Official

Attorney Docket No. 81751.0009
Patent Application No. 09/669,354

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hisanobu ISHIYAMA

Serial No: 09/669,354

Filed: September 26, 2000

For: ELECTRO-OPTICAL DEVICE, AND ELECTRONIC APPARATUS AND DISPLAY DRIVER IC USING THE SAME

Art Unit:	2674
Examiner:	Hau H. Nguyen

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Date of Deposit

__Diane Zynn__
Name

__[signature]__   05/22/03
Signature   Date

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small entity status has been claimed. See 37 CFR § 1.27.

☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM $ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	18	-	20	**	0	LG=$18 SM=$9	$0	$ 0
INDEPENDENT CLAIMS FEE	6	-	6	***	0	LG=$84 SM=$42	$0	$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = $280 SMALL ENTITY FEE = $140		$ 0
Independent Claims: 1, 4, 5, 7, 8, 12							TOTAL	$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the fee of $___ for the additional claim fees to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

☐ Please charge the fee of $___ for the ___ extension of time to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

    ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

    ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: __Erin P. Madill__

Erin P. Madill
Registration No. 46,893
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Date: May 22, 2003

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